

QUESTIONNAIRE

First, I am going to ask you some introductory questions. For each one, I will read all possible answers.

INTRODUCTORY QUESTIONS

A.1 In the past 12 months, have you smoked any of the following? (Select "Yes" or "No" for each product.)

Manufactured Cigarettes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cigars	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cigarillos	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pipe	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other, specify: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(For example, Roll-your-own cigarettes or bidis.)

A.2 In the past 12 months have you used any of the following nicotine-containing products? (Select "Yes" or "No" for each product.)

Snuff	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chewing tobacco	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nicotine gum or lozenges (e.g., Nicorette)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nicotine inhalers (e.g., Nicotrol Nasal Spray)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nicotine patches (e.g., Nicorette Patch)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nicotine sprays (e.g., Nicotrol Inhaler)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other, specify: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

A.3 Have you ever smoked manufactured cigarettes on a regular basis? That is, have you ever smoked at least 1 manufactured cigarette per day for a year?

☐ Yes
☐ No

IF "NO" TO "MANUFACTURED CIGARETTES" IN QUESTION A.1, SKIP SECTION 3.

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Now, I am going to ask you some questions for classification purposes. Some of the answers would appear to be obvious to me, but I still need to ask you each of these questions. For each one, I will read all possible answers.

SECTION I DEMOGRAPHICS

1.1 What is your gender?

- ☐ Male
- ☐ Female

1.2 Are you Spanish/Hispanic/Latino?

- ☐ Yes
- ☐ No

1.3 What is your race?

- ☐ Asian
- ☐ African American/Black
- ☐ Caucasian
- ☐ Native American
- ☐ Other, specify: _____

1.4 What is your current marital status?

- ☐ Married
- ☐ Divorced
- ☐ Widowed
- ☐ Separated
- ☐ Never been married

1.5 What is the highest grade or level of schooling you completed?

- ☐ Never attended school
- ☐ Completed a grade between kindergarten and 8th grade (middle school)
- ☐ Completed a grade between 9th and 11th grade (some high school)
- ☐ Completed 12th grade or a GED (high school graduate)
- ☐ Attended some technical/vocational/trade school, but did not complete
- ☐ Completed technical/vocational/trade school
- ☐ Attended some college but did not get a degree
- ☐ Completed undergraduate Bachelor's degree
- ☐ Completed additional post-graduate education

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1.6 Indicate your annual household income from all sources.

- ☐ \$19,999 or less
- ☐ \$20,000 to \$39,999
- ☐ \$40,000 to \$49,999
- ☐ \$50,000 or more

1.7 What is your zip code?

1.8 What is your telephone area code and prefix?

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The next series of questions are about employment.

SECTION 2 EMPLOYMENT

- 2.1 What is your primary employment status? *(Select one only.)*
- ☐ Employed for wages
 - ☐ Self-employed
 - ☐ Homemaker, no other employment in the last 3 months, *Smokers skip to Section 3, Non-smokers skip to Section 4*
 - ☐ Homemaker with other employment within the last 3 months
 - ☐ Student, no other employment in the last 3 months, *answer Question 2.2 and then Smokers skip to Section 3; Non-smokers skip to Section 4*
 - ☐ Student with other employment within the last 3 months
 - ☐ Retired, no other employment in the last 3 months, *Smokers skip to Section 3; Non-smokers skip to Section 4*
 - ☐ Retired with other employment within the last 3 months
 - ☐ Out-of-work for more than 3 months, *Smokers skip to Section 3; Non-Smokers skip to Section 4*
 - ☐ Out-of-work for less than 3 months
 - ☐ Unable to work, *Smokers skip to Section 3; Non-smokers skip to Section 4*

If selected "Student, no other employment in last 3 months" in Question 2.1, answer Question 2.2 and then Smokers skip to Section 3, Non-smokers skip to Section 4.

- 2.2 Looking at a typical week over the last 3 months, indicate how many hours (to the nearest half-hour) you usually were in school for each day of the week.

___ hours on Mondays	___ hours on Tuesdays
___ hours on Wednesdays	___ hours on Thursdays
___ hours on Fridays	___ hours on Saturdays
___ hours on Sundays	<input type="checkbox"/> N/A, not in school in last 3 months

Questions 2.3 through 2.14 will be asked if you have held a job (full or part-time) within the past 3 months.

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- 2.3 In the past 3 months, how many jobs (full and part-time) have you held?

Questions 2.4 through 2.14 will be repeated for each job at which you have worked during the last 3 months. For example, if you answered Question 2.3 indicating you have had 3 jobs, you will be asked Questions 2.4 through 2.14 each 3 times. Think of one job at a time with each set of responses.

- 2.4 What kind of business or industry is this job in? (For example, hospital, newspaper publisher, mail order house, auto repair shop, bank, etc.)

- 2.5 Is this job mainly manufacturing, agriculture, or something else? (Select only one.)

- ☐ Manufacturing
☐ Agriculture
☐ Other (Wholesale trade, retail trade, construction, government, etc.)

- 2.6 What kind of work have you been doing in this job during the last 3 months? (For example, auto mechanic, bus driver, registered nurse, accountant.)

- 2.7 During the last 3 months, which days of the week did you normally work at this job? (Select all that apply. If you worked a rolling schedule where the days you work vary from week to week, select a typical week.)

- ☐ Mon
☐ Tue
☐ Wed
☐ Thu
☐ Fri
☐ Sat
☐ Sun

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- 2.8 Looking at a typical week over the last 3 months, indicate how many hours (to the nearest half-hour) you usually worked for each day of the week at this job. (If you work a rolling schedule, select the same typical week as in Question 2.7. For each day selected in Question 2.7, there should be some hours entered on the corresponding day below. Enter "0" if you do not normally work on a given day.)

____ hours on Mondays ____ hours on Tuesdays
____ hours on Wednesdays ____ hours on Thursdays
____ hours on Fridays ____ hours on Saturdays
____ hours on Sundays

- 2.9 During the last 3 months, have you worked at this job outside of the home or have you worked from your home office the majority of the time?

☐ Outside of home
☐ From home office

- 2.10 In the past 3 months, how many weeks did you actually spend at this job? (Think of one month equal to 4 weeks. Include military service and job-related travel. If you have a home office, indicate the number of weeks that you actually spent working in the home office.)

____ weeks

- 2.11 On average for the last 3 months, how many hours did you usually spend at this job each week? (If you have a home office, indicate the amount of time that you actually spent in the home office workspace.)

____ hours

- 2.12 At this job has the majority of your day at work been spent indoors or outdoors in the last 3 months?

☐ indoors
☐ outdoors

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- 2.13 Over the past 3 months, have you regularly been exposed to any of the following in this job?

Engine exhaust ☐ Yes ☐ No
(Such as small or large gas or diesel engines)

Chemicals (Used by or around you that you can smell or is absorbed into the skin) ☐ Yes ☐ No, Smokers skip to Section 3, Non-smokers skip to Section 4

- 2.14 List any chemicals to which you were regularly exposed in this job during the last 3 months.

Chemical: _____

QUESTIONS 2.4 THROUGH 2.14 WILL BE REPEATED FOR EACH JOB AT WHICH YOU HAVE WORKED DURING THE LAST 3 MONTHS.

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*The next series of questions ask about your use of tobacco products.
NON-SMOKERS SKIP THIS SECTION*

SECTION 3 SMOKING

- 3.1 Do you currently smoke manufactured cigarettes?
☐ Yes
☐ No
- 3.2 In the past 12 months have you smoked manufactured cigarettes on a regular basis? That is, have you smoked at least 1 cigarette per day for the past 12 months?
☐ Yes
☐ No, Skip to Section 4
- 3.3 What is the full name of the brand of cigarettes you usually prefer to smoke? (This brand is referred to as "PREFERRED BRAND" below.) (Indicate one brand only.)

- 3.4 What is the UPC code from the cigarette pack?

- 3.5 Is that PREFERRED BRAND (from Question 3.3) full flavor, milds, lights, or ultra lights? (Select only one.)
☐ Full Flavor
☐ Milds
☐ Lights
☐ Ultra lights
- 3.6 Is that PREFERRED BRAND (from Question 3.3) menthol or non-menthol? (Select only one.)
☐ Menthol
☐ Non-menthol (regular)
- 3.7 Is the length of that PREFERRED BRAND (from Question 3.3) king size or shorter, 100s, or 120s? (Select only one.)
☐ King size or shorter
☐ 100s
☐ 120s

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- 3.8 Is that **PREFERRED BRAND** (from Question 3.3) usually soft pack or box?
(Select only one.)

☐ Soft Pack
☐ Box

- 3.9 Is that **PREFERRED BRAND** (from Question 3.3) filtered or non-filtered?
(Select only one.)

☐ Filtered
☐ Non-filtered

- 3.10 Would you describe yourself as an occasional, moderate, or heavy smoker?

☐ Occasional
☐ Moderate
☐ Heavy

- 3.11 Over the past 3 months, what was the average number of cigarettes you smoked per day?

- 3.12 Over the past 3 months, what was the least number of cigarettes you smoked in a day?

- 3.13 Over the past 3 months what was highest number of cigarettes that you smoked in a day?

- 3.14 In a typical week during the last 3 months, about how many cigarettes did you smoke per day for each day of the week?

Sun	Mon	Tue	Wed	Thu	Fri	Sat

- 3.15 How long have you been smoking this **PREFERRED BRAND** (from Question 3.3)? (Provide best estimate.)

☐ Less than 3 months, Skip to Section 4
☐ 3 months to 1 year
☐ More than 1 year

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- 3.16 Do you ever buy other brands than your **PREFERRED BRAND** (from Question 3.3)?
☐ Yes
☐ No, Skip to Question 3.25
- 3.17 What is the full name of the most frequent alternate brand of cigarettes you sometimes smoke? (Referred to as "**ALTERNATE BRAND**" for the following questions.) (Indicate one brand only.)

- 3.18 Is that **ALTERNATE BRAND** (from Question 3.17) full flavor, milds, lights, or ultra lights? (Select only one.)
☐ Full Flavor
☐ Milds
☐ Lights
☐ Ultra lights
- 3.19 Is that **ALTERNATE BRAND** (from Question 3.17) menthol or non-menthol? (Select only one.)
☐ Menthol
☐ Non-menthol (regular)
- 3.20 Is the length of that **ALTERNATE BRAND** (from Question 3.17) king size or shorter, 100s, or 120s? (Select only one.)
☐ King size or shorter
☐ 100s
☐ 120s
- 3.21 Is that **ALTERNATE BRAND** (from Question 3.17) usually soft pack or box? (Select only one.)
☐ Soft pack
☐ Box
- 3.22 Is that **ALTERNATE BRAND** (from Question 3.17) filtered or non-filtered? (Select only one.)
☐ Filtered
☐ Non-filtered
- 3.23 What percent of the time did you smoke that **ALTERNATE BRAND** (from Question 3.17) in the last month?

_____ %

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- 3.24 What percent of the time did you smoke that ALTERNATE BRAND (from Question 3.17) in the last 3 months?
- _____ %
- 3.25 Have you ever regularly smoked a brand other than your PREFERRED BRAND (from Question 3.3)?
- ☐ Yes
- ☐ No, Skip to Question 3.33
- 3.26 How many months ago did you switch to your PREFERRED BRAND (from Question 3.3)?
- _____ months ago, if greater than 12 months, skip to Question 3.33
- 3.27 What is the full name of the brand you previously smoked (referred to as "PREVIOUS BRAND" below)? (If more than one brand, indicate the brand smoked most often. Indicate one brand only.)
- _____
- 3.28 Was that PREVIOUS BRAND (from Question 3.27) full flavor, milds, lights, or ultra lights? (Select only one.)
- ☐ Full Flavor
- ☐ Milds
- ☐ Lights
- ☐ Ultra lights
- 3.29 Was that PREVIOUS BRAND (from Question 3.27) menthol or non-menthol? (Select only one.)
- ☐ Menthol
- ☐ Non-menthol (regular)
- 3.30 Was the length of that PREVIOUS BRAND (from Question 3.27) king size or shorter, 100s, or 120s? (Select only one.)
- ☐ King size or shorter
- ☐ 100s
- ☐ 120s
- 3.31 Was that PREVIOUS BRAND (from Question 3.27) usually soft pack or box? (Select only one.)
- ☐ Soft pack
- ☐ Box

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3.32 Was that PREVIOUS BRAND (from Question 3.27) filtered or non-filtered?

(Select only one.)

- ☐ Filtered
☐ Non-filtered

3.33 Over the past 3 months, how often have you removed the filter on your cigarette before smoking it?

- ☐ Always
☐ Sometimes
☐ Rarely
☐ Never

3.34 Do you often have cigarettes burn up in the ashtray?

- ☐ Yes
☐ No, Skip to Question 3.36

3.35 When your cigarette burns up in the ashtray, is that usually after smoking most, some, or very little of the cigarette?

- ☐ Most
☐ Some
☐ Very little

3.36 About how far down do you typically smoke the cigarette before putting it out?

- ☐ Almost to the filter
☐ About $\frac{1}{4}$ of the cigarette
☐ About $\frac{1}{2}$ of the cigarette
☐ About $\frac{3}{4}$ of the cigarette

3.37 Do you normally inhale?

- ☐ Yes
☐ No, Skip to Question 3.39

3.38 How deeply do you normally inhale?

- ☐ Into the mouth and throat
☐ Into the chest and lungs

3.39 How soon after you wake up do you normally smoke your first cigarette?

- ☐ Within 5 minutes
☐ 6 to 30 minutes
☐ More than 30 minutes

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- 3.40 Do you find it difficult to refrain from smoking in places where it is forbidden, e.g., in church, at the library, in movies, etc.?
- ☐ Yes
☐ No
- 3.41 Which cigarette would you hate most to give up?
- ☐ The first one upon awaking
☐ All others
- 3.42 How many cigarettes per day do you typically smoke?
- ☐ 10 or less
☐ 11 to 20
☐ 21 to 30
☐ 31 or more
- 3.43 Do you smoke more frequently during the first hours after waking than during the rest of the day?
- ☐ Yes
☐ No
- 3.44 Do you smoke if you are so ill that you are in bed most of the day?
- ☐ Yes
☐ No

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This next section contains a series of questions that ask about your exposure to the tobacco smoke of others who smoke in your presence. By exposure we mean that you can see or smell the tobacco smoke of others or see others in your presence smoking tobacco products.

SECTION 4 EXPOSURE TO TOBACCO SMOKE OF OTHERS

Questions 4.1 through 4.6 are related to your exposure to tobacco smoke in your WORK ENVIRONMENT during the last 3 months.

- 4.1 Within the last 3 months, did you ever work indoors or in an enclosed space at a job where you were regularly exposed to the tobacco smoke of other smokers?

☐ Yes
☐ No, Skip to Question 4.7

- 4.2 Over the past 3 months, how many jobs have you held in which you were exposed to the tobacco smoke of other smokers indoors or in an enclosed space on a regular basis?

You will be asked to answer Questions 4.3 through 4.6 for each of the jobs indicated in Question 4.2. If more than one job is indicated in Question 4.2, think of one job at a time for responses to the series of questions.

- 4.3 In this job, within the last 3 months, during which weeks were you regularly exposed to the tobacco smoke of others indoors or in an enclosed space?

Think of the last 3 months as 12 weeks, with Week 1 as the first week (3 months ago) and Week 12 as last week. (Select all that apply.)

☐ Week 1 ☐ Week 2 ☐ Week 3 ☐ Week 4 ☐ Week 5 ☐ Week 6
☐ Week 7 ☐ Week 8 ☐ Week 9 ☐ Week 10 ☐ Week 11 ☐ Week 12

- 4.4 During the last 3 months, how many days per week on average were you exposed to tobacco smoke from others indoors or in an enclosed space at this workplace?

_____ days per week

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- 4.5 During the last 3 months, for how long each day on average were you regularly exposed to tobacco smoke at this workplace indoors or in an enclosed space, including the time spent at the cafeteria and during breaks?

_____ hours per day (to nearest half-hour)

- 4.6 Would you say that the amount of tobacco smoke to which you were regularly exposed in this workplace indoors or in an enclosed space was usually light, moderate, or heavy in last 3 months?

- ☐ Light
☐ Moderate
☐ Heavy

QUESTIONS 4.3 THROUGH 4.6 WILL BE REPEATED FOR EACH JOB INDICATED IN QUESTION 4.2.

The next series of questions (Questions 4.7 through 4.28) are about your HOME ENVIRONMENT and your exposure to the tobacco smoke of others in your home during the past 3 months.

- 4.7 In the past 3 months have you lived with someone in a marital-type relationship?

- ☐ Yes
☐ No, Skip to Question 4.19

- 4.8 At home, did your spouse/partner smoke in your presence during the past 3 months?

- ☐ Yes
☐ No, Skip to Question 4.19

Questions 4.9 through 4.18 are related to your exposure to the tobacco smoke of your spouse/partner.

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- 4.9 What did your spouse/partner smoke in your presence at home in the last 3 months? (Select only one.)

- ☐ Manufactured Cigarettes
☐ Cigars
☐ Cigarillos
☐ Pipes

☐ Other product or combination (more than one product), specify: _____
(For example, Roll-your-own cigarettes or bidis or combinations such as cigars plus pipes.)

In this next series of questions (Questions 4.10 through 4.15), you will be asked to differentiate your exposure to tobacco smoke on your workdays versus your NON-workdays.

- 4.10 Thinking of your typical workdays during the last 3 months, how often did your spouse/partner smoke **PRODUCT** (from Question 4.9) at home when you were together?

- ☐ 7 workdays per week
☐ 5 to 6 workdays per week
☐ 2 to 4 workdays per week
☐ Rarely
☐ Never, Skip to Question 4.13
☐ No workdays in the past 3 months, Skip to Question 4.13

- 4.11 On your typical workday in the last 3 months, on average how many **PRODUCT** (from Question 4.9) did your spouse/partner smoke at home when you were together?

_____ per workday

- 4.12 During the last 3 months, for how long each workday on average were you exposed to your spouse/partner's tobacco smoke from **PRODUCT** (from Question 4.9) at home when you were together?

_____ hours per workday to the nearest half-hour

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- 4.13 Now, thinking of your typical NON-workdays during the last 3 months, how often did your spouse/partner smoke **PRODUCT** (from Question 4.9) at home when you were together?

☐ 7 NON-workdays per week
☐ 5 to 6 NON-workdays per week
☐ 2 to 4 NON-workdays per week
☐ Rarely
☐ Never, *Skip to Question 4.16*
☐ No NON-workdays in the past 3 months, *Skip to Question 4.16*

- 4.14 On your typical NON-workday in the last 3 months, on average how many **PRODUCT** (from Question 4.9) did your spouse/partner smoke at home when you were together?

_____ per NON-workday

- 4.15 During the last 3 months, for how long each NON-workday on average were you exposed to your spouse/partner's tobacco smoke from **PRODUCT** (from Question 4.9) at home when you were together?

_____ hours per NON-workday to the nearest half-hour

- 4.16 Over the past 3 months, have there been changes in the amount your spouse/partner smoked **PRODUCT** (from Question 4.9) in your presence at home when you were together? (For example, was your spouse/partner away from home for an extended period of time?)

☐ Yes
☐ No, *Skip to Question 4.19*

- 4.17 During which weeks did the change occur? Think of the last 3 months as 12 weeks, with Week 1 as the first week (3 months ago) and Week 12 as last week. (Select all that apply.)

☐ Week 1 ☐ Week 2 ☐ Week 3 ☐ Week 4 ☐ Week 5 ☐ Week 6
☐ Week 7 ☐ Week 8 ☐ Week 9 ☐ Week 10 ☐ Week 11 ☐ Week 12

- 4.18 What kind of change occurred?

This next series of questions (Questions 4.19 through 4.28) are asked about persons other than your spouse/partner who live in your home or who visit on a regular basis.

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- 4.19 Within the last 3 months, were you exposed to tobacco smoke in your home from persons, not including your spouse/partner, who lived in the same residence or who visited regularly?

☐ Yes
☐ No, Skip to Question 4.29

- 4.20 How many different people, not including a spouse/partner, exposed you to tobacco smoke in your home during the last 3 months?
- _____

You will be asked to answer Questions 4.21 through 4.28 for each person indicated in Question 4.20. If more than one person is indicated in Question 4.20, think of one person at a time for responses to the series of questions.

- 4.21 Within the last 3 months, during which weeks were you regularly exposed to the tobacco smoke of this person at your home? Think of the last 3 months as 12 weeks, with Week 1 as the first week (3 months ago) and Week 12 as last week. (Select all that apply.)

☐ Week 1 ☐ Week 2 ☐ Week 3 ☐ Week 4 ☐ Week 5 ☐ Week 6
☐ Week 7 ☐ Week 8 ☐ Week 9 ☐ Week 10 ☐ Week 11 ☐ Week 12

- 4.22 What did this person smoke in your presence in your home in the last 3 months? (Select only one.)

☐ Manufactured Cigarettes
☐ Cigars
☐ Cigarillos
☐ Pipes
☐ Other product or combination (more than one product), specify: _____
(For example, Roll-your-own cigarettes or bidis or combinations such as cigars plus pipes.)

In this next series of questions (Questions 4.23 through 4.28), you will be asked to differentiate your exposure to tobacco smoke from this person on your workdays versus your NON-workdays.

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- 4.23 Thinking of your typical workdays in the last 3 months, how often did this person smoke **PRODUCT** (from Question 4.22) in your home when you were together?
- ☐ 7 workdays per week
☐ 5 to 6 workdays per week
☐ 2 to 4 workdays per week
☐ Rarely
☐ Never, *Skip to Question 4.26*
☐ No workdays in the past 3 months, *Skip to Question 4.26*
- 4.24 On your typical workday during the last 3 months, on average how many **PRODUCT** (from Question 4.22) did this person smoke in your home when you were together?
- _____ per workday
- 4.25 During the last 3 months, for how long each workday on average were you exposed to this person's tobacco smoke from **PRODUCT** (from Question 4.22) in your home when you were together?
- _____ hours per workday to the nearest half-hour
- 4.26 Now, thinking of your typical NON-workdays, how often during the last 3 months did this person smoke **PRODUCT** (from Question 4.22) in your home when you were together?
- ☐ 7 NON-workdays per week
☐ 5 to 6 NON-workdays per week
☐ 2 to 4 NON-workdays per week
☐ Rarely
☐ Never, *Skip to Question 4.29*
☐ No NON-workdays in the past 3 months, *Skip to Question 4.29*
- 4.27 On your typical NON-workday in the last 3 months, on average how many **PRODUCT** (from Question 4.22) did this person smoke in your home when you were together?
- _____ per NON-workday
- 4.28 During the last 3 months, how long each NON-workday on average were you exposed to this person's tobacco smoke from **PRODUCT** (from Question 4.22) in your home when you were together?
- _____ hours per NON-workday to the nearest half-hour

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QUESTIONS 4.21 THROUGH 4.28 WILL BE REPEATED FOR EACH PERSON INDICATED IN QUESTION 4.20.

This next series of questions (Questions 4.29 through 4.34) ask about your exposure to tobacco smoke while traveling in vehicles (VEHICLE EXPOSURE).

- 4.29 Within the last 3 months, have you regularly traveled (daily or at least a couple of times per week) in an enclosed vehicle that was smoky or where you could at least smell the tobacco smoke of others most of the time?

☐ Yes
☐ No, Skip to Question 4.35

- 4.30 How many different vehicles did you regularly travel in during the last 3 months which were smoky or where you could at least smell the tobacco smoke of others most of the time?

You will be asked to answer Questions 4.31 through 4.34 for each vehicle indicated in Question 4.30. If more than one vehicle is indicated in Question 4.30, think of one vehicle at a time for responses to the series of questions.

- 4.31 What type of vehicle was this? (Select one for each time this question is repeated for the number of vehicles indicated in Question 4.30.)

☐ Car, truck, or van
☐ Train
☐ Bus
☐ Other, specify: _____

- 4.32 During the last 3 months, during which weeks were you exposed to the tobacco smoke of others in this VEHICLE (from Question 4.30)? Think of the last 3 months as 12 weeks, with Week 1 as the first week (3 months ago) and Week 12 as last week. (Select all that apply.)

☐ Week 1 ☐ Week 2 ☐ Week 3 ☐ Week 4 ☐ Week 5 ☐ Week 6
☐ Week 7 ☐ Week 8 ☐ Week 9 ☐ Week 10 ☐ Week 11 ☐ Week 12

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- 4.33 During the last 3 months, approximately how many hours per week were you in this VEHICLE (from Question 4.30) while you were exposed to the tobacco smoke of others?

_____ hours per week to the nearest half-hour

- 4.34 Would you say that the amount of tobacco smoke from others in this VEHICLE (from Question 4.30) was usually light, moderate, or heavy during the last 3 months?

- ☐ Light
☐ Moderate
☐ Heavy

QUESTIONS 4.31 THROUGH 4.34 WILL BE REPEATED FOR EACH VEHICLE INDICATED IN QUESTION 4.30.

The next series of questions (Questions 4.35 through 4.40) ask about places where you may have been exposed to tobacco smoke of others other than the places we have already covered (which were your work environment, home environment, vehicle). This would include places such as restaurants, bars, etc. (OTHER LOCATION EXPOSURE)

- 4.35 Thinking about just the past 3 months, have you been exposed to the tobacco smoke of others, at least once a week, someplace other than those places that we have already talked about? (for example, exposure at least once a week in the same bar or restaurant)

- ☐ Yes
☐ No, Skip to Section 5

- 4.36 In the past 3 months, how many places have you gone where you were exposed to the tobacco smoke of others at least once a week? (for example, a bar or a restaurant)

You will be asked to answer Questions 4.37 through 4.40 for each place indicated in Question 4.36. If more than one place is indicated in Question 4.36, think of one place at a time for responses to the series of questions.

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4.37 What type of place was it?

4.38 During the last 3 months, during which weeks were you exposed to the tobacco smoke of others in the PLACE (from Question 4.37)? Think of the last 3 months as 12 weeks, with Week 1 as the first week (3 months ago) and Week 12 as last week. (Select all that apply.)

☐ Week 1 ☐ Week 2 ☐ Week 3 ☐ Week 4 ☐ Week 5 ☐ Week 6

☐ Week 7 ☐ Week 8 ☐ Week 9 ☐ Week 10 ☐ Week 11 ☐ Week 12

4.39 In a typical week during the last 3 months, approximately how many hours per week were you in PLACE (from Question 4.37) where you were exposed to the tobacco smoke of others?

_____ hours per week to the nearest half-hour

4.40 Would you say that the amount of tobacco smoke in the PLACE (from Question 4.37) was usually light, moderate, or heavy during the last 3 months?

☐ Light
☐ Moderate
☐ Heavy

QUESTIONS 4.37 THROUGH 4.40 WILL BE REPEATED FOR EACH PLACE INDICATED IN QUESTION 4.36.

QUESTIONNAIRE

Protocol No. PM-8450

SECTION 5 HOUSEHOLD EXPOSURES

- 5.1 How long have you lived at your current address?
- ☐ Less than 3 months, Answer Questions 5.2 and 5.3 based on your previous residence
- ☐ 3 months to less than 1 year
- ☐ 1 to 5 years
- ☐ 6 to 10 years
- ☐ over 10 years
- 5.2 How is your home heated? (Select all that apply.)
- ☐ Gas
- ☐ Kerosene
- ☐ Wood
- ☐ Coal
- ☐ Electric
- ☐ Other, specify: _____
- 5.3 Does your home have an air filtration device in addition to the standard filter usually found on a furnace?
- ☐ Yes
- ☐ No
- 5.4 When you are at home are you exposed on a regular basis to any of the following?
- Engine exhaust ☐ Yes ☐ No
(Such as small or large gas or diesel engines)
- Chemicals (Used by or around you that you can smell or is absorbed into the skin) ☐ Yes ☐ No, skip to Section 6
- 5.5 List any chemicals to which you are exposed to at home on a regular basis. (Include those used in the home for hobbies or around your home where you smell fumes over an extended period of time.)
- Chemical: _____
- _____

QUESTIONNAIRE

Protocol No. PM-8450

Now we are going to talk about your alcohol use.

SECTION 6 ALCOHOL USE

- 6.1 Over the past 3 months, did you drink alcoholic beverages such as beer, wine, or liquor?
- ☐ Yes
☐ No, Skip to Section 7

- 6.2 Over the past 3 months, how often did you drink beer, wine, or liquor?
- ☐ Every day
☐ 4 to 6 times a week
☐ 2 to 3 times a week
☐ Once a week
☐ 1 to 3 times a month
☐ less than once a month

- 6.3 Of the beer, wine, or liquor that you consumed over the past 3 months, what percentage of each did you consume?

Beer: _____ %
Wine: _____ %
Liquor: _____ %

QUESTIONNAIRE

APPENDIX E - Interviewer Instructions, Questionnaire, and Weekly Surveys

Questionnaire

Protocol No. PM-8450

Covance Study No. 12226-8450

Now we are going to ask about your exercise habits.

SECTION 7
PHYSICAL ACTIVITY

7.1 How often do you usually exercise (at least 10 continuous minutes)?

- ☐ Daily
☐ 3 to 5 times a week
☐ 1 to 2 times a week
☐ Twice a month
☐ Rarely. *Skip to Section 8*
☐ Never. *Skip to Section 8*

7.2 About how long do you exercise each time?

_____ minutes

7.3 When you exercise for at least 10 minutes, at what level is it?

- ☐ Light
☐ Moderate (Activities such as brisk walking, bicycling for pleasure, golfing, or dancing)
☐ Vigorous (Activities such as running, hip swimming, aerobics classes, or fast bicycling)

QUESTIONNAIRE

Protocol No. PM-8450

- 8.1 On average, how many servings per week do you eat or drink the following?
(Serving size in parentheses.)

Whole milk (8 oz.), dairy products,
butter (1 Tbspn), cream (1 Tbspn), ice cream (1/2 cup), etc. _____ servings per week

Red meat (3 oz.), poultry skin (approx.
size of breast), organ meat (liver,
kidney) (3 oz.) _____ servings per week

Eggs (1 egg), mayonnaise (1 Tbspn) _____ servings per week

Fast food (1 burger), meat taco (1 taco),
French fries (1/2 cup) _____ servings per week

Safflower, sunflower, corn, or soybean
oils (1 Tbspn) _____ servings per week

Lard, coconut oil, palm oil (1 Tbspn) _____ servings per week

END OF QUESTIONNAIRE